

Dinner Reservation Form

Name _____ Phone _____ # Attending _____

Main Item*: Meat # _____ Vegetarian # _____ Vegan # _____

*Please note if Lactose, Gluten or other dietary restrictions

Total Cost # people attending _____ @ \$25.00 per person = \$ _____

Please make checks payable to: **Indian Creek Nature Center PO Box 286, Canton, NY 13617**